



**Clark County
Regional Support Network
C.C.P.H.P Children's Mental Health Services
Enrollment Criteria**

Date: _____ Agency: _____

Screening Staff: _____

Consumer: _____ SS #: _____

Case I.D. Number: _____ D.O.B.: _____

SERVICE CONSIDERATIONS: *(Please check all that are appropriate.)*

☐ Minority ☐ Disabled ☐ Low Income ☐ Homeless

SERVICE CATEGORIES: *(Please check all that are appropriate.)*

(To enter the consumer's priority for the Information System, the highest priority category that the person is eligible for should be entered. 1 = Highest 3 = Lowest)

1. ☐ **NO MENTAL DISORDER** – A child who has no mental disorder or mental health diagnoses and, therefore, does not meet criteria for services. **(Priority Code Value 4)**

(NOT ELIGIBLE FOR RSN FUNDED SERVICES EXCEPT CRISIS AND THE INITIAL ASSESSMENT.)

2. ☐ **SEVERELY EMOTIONALLY DISTURBED CHILD** – A child who has been determined to be experiencing a mental disorder as defined in Chapter 71.34 RCW, including those mental disorders that result in behavioral or conduct disorder, that is clearly interfering with the child's functioning in family or school or with peers, and who meets at least one of the following criteria. *(Please check all that are appropriate.)* **(Priority Code Value 1)**

- ☐ Has undergone inpatient treatment or placement outside of the home related to a mental disorder within the last two years.
- ☐ Has undergone involuntary treatment under Chapter 71.34 RCW within the last two years.
- ☐ Is currently served by at least one of the following child-serving systems: Juvenile justice, child-protection/welfare, special education, or developmental disabilities.
- ☐ Is at risk of escalating maladjustment due to:
- ☐ Chronic family dysfunction involving a mentally ill or inadequate caretaker;
 - ☐ Changes in custodial adult;
 - ☐ Going to, residing in, or returning from any placement outside of the home; for example, psychiatric hospital, short-term inpatient, residential treatment, group or foster home, or a correctional facility;
 - ☐ Subject to repeated abuse or neglect;
 - ☐ Drug or alcohol abuse; or

☐ Homelessness

3. ☐ **SERIOUSLY DISTURBED** – A child who is diagnosed by a mental health professional as experiencing a mental disorder which: *(Please check all that are appropriate.)* **(Priority Code Value 2)**

☐ Is clearly interfering with the child's functioning in family or school or with peers, or

☐ Is clearly interfering with the child's personality development and learning.

4. ☐ **OTHER CLARK COUNTY CRITERIA:**

☐ A child who is at risk of psychiatric decompensation without medication management by a psychiatrist. **(Priority Code Value 3)**

☐ A child who has a mental disorder, does not meet priority status, but requires brief treatment (Medicaid only) **(Priority Code Value 3)**

☐ A child, who is non-priority, has a mental disorder, which requires brief treatment, but does not have Medicaid. **(Priority Code Value 3)**

EPSDT INFORMATION

☐ EPSDT requirements do not apply. (Child is not on Medicaid)

☐ The child presented with an EPSDT referral.

☐ The child did not have an EPSDT referral. The family/child was referred to a primary care provider for screening and a referral.

ACTION AND RECOMMENDATION

☐ **PROVIDE RSN/PHP SERVICES**

☐ **NOT ELIGIBLE FOR RSN/PHP FINANCED SERVICES**